

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088322** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		I			
2		I		I		
3		I		I		
4	O		I			
5	I		I			
6	O		I			
7	O		I			
8	O		I			
9	O		I			
10	O		I			
11	O		I			
12	O		I			
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TOTAL IND.			I			
TOTAL DEP.			18			
TOTAL CLAIMS			19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			I			
TOTAL DEP.			18			
TOTAL CLAIMS			19			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831